**Notice of Claim**

|  |
| --- |
| **Freight Forwarder’s Liability**  |
|  | WTW-Client-No.:      |
|  | Insurance Policy No.:       |
|  | WTW-Claims No.:  |
|  | Client Claims No.:       |
| **Willis Towers Watson****Versicherungsmakler GmbH** | Name/Stamp of the Policyholder: |
|       |       |
|       |  |
|       |  |
|  | Entitled to deduct tax (VAT) [ ]  no [ ]  yes,       % |
| **General** | Date of claim: |  | Time: | Location of claim (address): |
|  |       |  |       |       |
| **Cause of Claim** | How did the claim/loss occur? (Please give an exact description). Attach extra pages if required. |
|  |       |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Who caused the claim? |
|  |       |
|  | Was the claim reported to the police? | Crime Reference No. |
|  | [ ]  no [ ]  yes, department: |       |       |
|  | Does the claimant have a marine cargo insurance ? | [ ]  no [ ]  yes |
|  | Was the marine cargo insurance provided through you?  | [ ]  no [ ]  yes |
|  |  |  |
| **Documents required** | [ ]  Copy of the transport/shipping order | [ ]  Proof of fixed freight price  |
|  | [ ]  Consignment note | [ ]  Handover Receipt (from the shipper) |
|  | [ ]  P.O.D. (Proof of delivery) | [ ]  Letter of Liability of the Claimant |
|  | [ ]  Our Letter of liability to the Contractor/Carrier | [ ]  Rejection of Liability |
|  | [ ]  Claims Report of the Contractor/Carrier | [ ]  Claims invoice of the Claimant |
|  | [ ]  Proof of value of the goods (e.g. commercial invoice) | [ ]  Survey Report (if instructed) |
|  | [ ]  Other: |       |
|  |  |
| **Claim Amount** | **What is the estimated claim amount? (non-binding)** | **EUR**  |  |
|  | Who should receive payment? (Account Holder) |       |
|  | IBAN: |       | BIC: |       |
|  | Bank Institution, Place: |       |
|  |  |  |
| [ ]  Please answer all applicable questions. Strike outs or other marks are counted as no. |
| All questions should be answered truthfully to best of your knowledge. Any intentionally false or not completely true information can lead to a denial of coverage even if this has no effect on the insurer’s adjusting of the claim.  |
|       |  |       |  |  |
| Place | Date |  Signature |